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CONFIRMATION NO. 4230

Bib Data Sheet

SERIAL NUMBER 09/834,287	FILING DATE 04/12/2001 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 3984
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APPLICANTS

Peter Sebastian Gargone, New York, NY;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/196,816 04/13/2000

**** FOREIGN APPLICATIONS *******

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 06/07/2001**

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 56	TOTAL CLAIMS 76	INDEPENDENT CLAIMS 20
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

MORGAN & FINNEGAN, L.L.P.
345 Park Avenue
New York ,NY 10154-0053

TITLE

Automating high-level business functions in a generic manner

FILING FEE RECEIVED 1539	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/07/2001 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Foreign Priority claimed</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td style="width: 30%;">35 USC 119 (a-d) conditions met</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> filed after Allowance</td> <td style="width: 10%;">Examiner's Signature</td> <td style="width: 10%;">Initials</td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: center;">STATE OR COUNTRY NY</td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: center;">SHEETS DRAWING 56</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">TOTAL CLAIMS 76</td> <td colspan="2" style="text-align: center;">INDEPENDENT CLAIMS 20</td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> filed after Allowance	Examiner's Signature	Initials			STATE OR COUNTRY NY						SHEETS DRAWING 56						TOTAL CLAIMS 76		INDEPENDENT CLAIMS 20	
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